

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-17352-00
6. County: WELD
7. Well Name: FRANKLIN
Well Number: 28-9
8. Location: QtrQtr: NESE Section: 28 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 03/22/2011 Date of First Production this formation: 11/21/1993
Perforations Top: 6718 Bottom: 7035 No. Holes: 252 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
Codell & Niobrara are commingled
Codell 7020'-7035', 100 holes
Codell under sand plug set 6896' 3/4/2011-3/22/2011 for Niobrara refrac 3/18/11; removed to commingle after refrac
Niobrara 6718'-6856', 152 holes
Frac'd Niobrara w/150754 gals Vistar, Acid, and Slick Water with 249500 lbs Ottawa sand
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 04/08/2011 Hours: 24 Bbls oil: 13 Mcf Gas: 65 Bbls H2O: 5
Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 65 Bbls H2O: 5 GOR: 5000
Test Method: Flowing Casing PSI: 580 Tubing PSI: 200 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1277 API Gravity Oil: 61
Tubing Size: 1.66 Tubing Setting Depth: 6986 Tbg setting date: 03/23/2011 Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Justin Garrett

Title: Regulatory Specialist Date: Email: JDGarrett@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)